SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 23/04/2021 17:58 (SGT) Date of Accident 23/04/2021 12:40 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS CITY BEFORE BALESTIER EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU2970H

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LIM CHAI KWEE NRIC No. SXXXX791B

Email Address jordanparries@outlook.com Mobile Phone No (Phone) +65-91168032

Alternative Phone No +65-91168032

VEHICLE PARTICULARS

Manufacturer Honda Model Civic

Variant

Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto

CC 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage ThirdParty

Fleet Policy

Policy Number DMPCSNW00164472000

Cover Note Number

DRIVER

Name of Driver JORDAN LIM XUAN HAO

NRIC No. SXXXX534E Date Of Birth 02/12/1964 Occupation Indoor Date Of Driving Pass 31/08/2018 Driving experience 2 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91168032 Alt. Phone Number Email Address jordanparries@outlook.com Address BLK 703 JURONG WEST STREET 71 #09-114 Address complement Postcode 640703 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210423/7026 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMT2300L Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	
Address	_
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLW6565J - -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JORDAN LIM XUAN HAO
Address Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCULOSKELETAL STRAIN
Injured person in which vehicle?	SJU2970H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies,
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

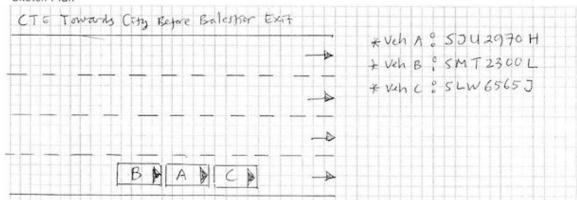
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident On the Stated date and time, I was travelling along the stated Venue The traffic at that time was a uite heavy. As I saw the front vehicle (Whatk B) braked to stop, I fillowed to brake as well, when I have come to a complete stop, middenly vehicle C alloded into the rear of my vehicle and the import caused my vehicle to hit into the front velicle I wished to state that before the collision occurred, my vehicle Any already stopped. After the accordent, I felt unwell and went to What a dreter. I was given 5 days MC.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

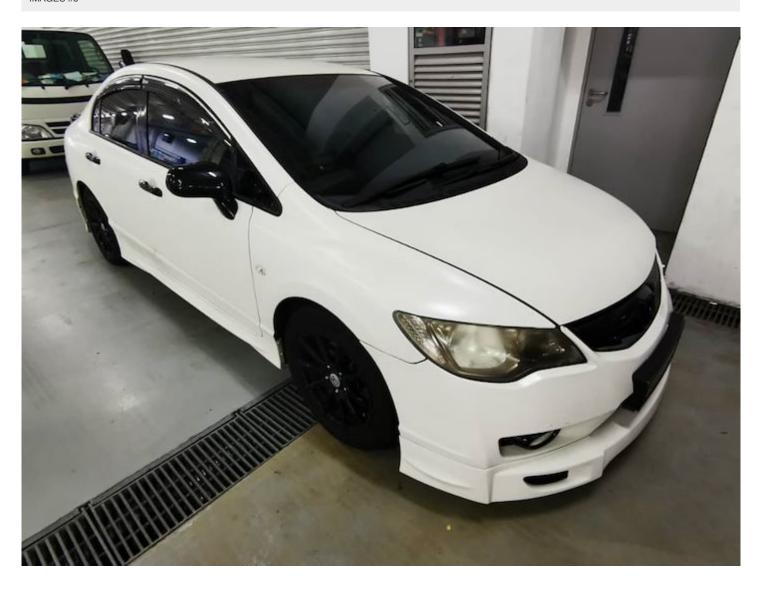
Witnessed by Reporting Centre Personnel





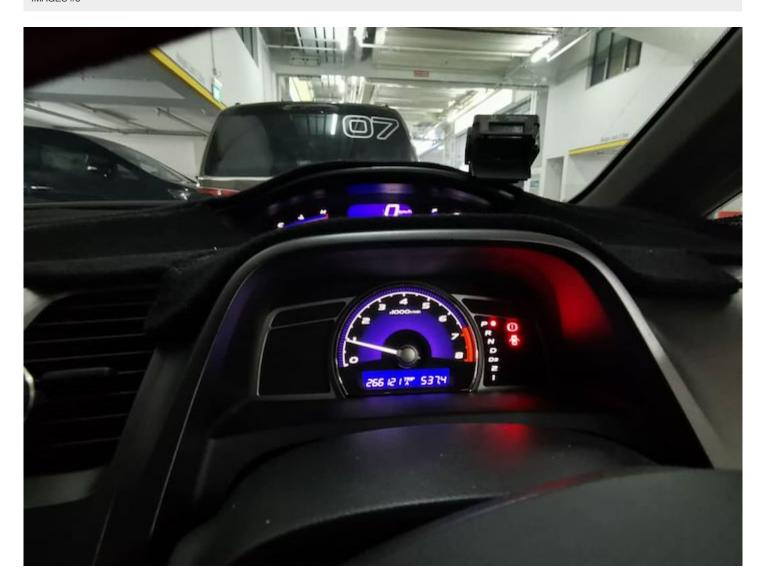
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3

Report No. T/20210423/7026

REPORT OF A TRAFFIC ACCIDENT

23/04/2021 16:17		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: JORDAN LIM XUAN HAO			Address: 703 JURONG WEST STREET 71 #09-114 SINGAPORE 640703			
ID Type / ID No.: NRIC NO / S9731534E			Contact No.: Home/Office: Mobile: 91168032			
Nationality: SINGAPORE CITIZEN		EN	Email: jordanparries@outlook.com			
Sex: Male	Age: 23	Date of Birth: 12/09/1997	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: others			Driving Licence Information: Class: 3	Date of Expiry: 31/08/2018		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2021 12:40	Type of Location Straight Road
Location: CENTRAL EX	KPRESSWAY			
Weather:		Road Surface:	l K	load Speed Limit:
		Dry	K	oad Speed Limit:
Weather: Clear Traffic Flow: One Way			Т	raffic Volume:

Details of V	emcle mvo	Iveu				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJU2970H	Car	HONDA	Civic			0
SLW6565J	Car					0
SMT2300L	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20210423/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJU2970H	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.				

Details of Perso	n Involved		No series			
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of				e of Pedestrian Crossing: NA		
Driver		11128				
Name	JORDAN LIM XUAI	JORDAN LIM XUAN HAO			S9731534E	
Related Vehicle	SJU2970H (Car)			Contact No.	91168032	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 31/08/2018	
Date	NIL Date		Date	NIL		
No. of Days gran	ted Medical Leave	05	Degree of	f Sligh	t	

Brief Details.

On the stated date and time, I was travelling along the stated venue. The traffic at that time was quite heavy. As I saw the front vehicle braked to stop, I followed to brake as well. When I have come to a complete stop, suddenly the rear vehicle collided into the rear of my vehicle and the impact caused my vehicle to hit into the front vehicle. I wished to state that before the collision occured, my vehicle has already stopped. After the accident, I felt unwell and went to visit a doctor. I was given 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20210423/7026

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 23/04/2021 16:17
Classification Of Case:

NP168